

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HCR Manor Care PAC

ADDRESS (number and street)

333 North Summit Street

16th Floor

☐ Check if different than previously reported. (ACC)

Toledo

OH

43604-2617

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00260141

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2012

through

M M M / D D D / Y Y Y Y Y Y
03 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Joseph H Heidebrink

Signature of Treasurer

Mr. Joseph H Heidebrink

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 12 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HCR Manor Care PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y
 03 / 31 / 2012

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2012 | | 17327.88 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 17327.88 | |
| (c) Total Receipts (from Line 19) | 61233.55 | 61233.55 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 78561.43 | 78561.43 |
| 7. Total Disbursements (from Line 31) | 51067.50 | 51067.50 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 27493.93 | 27493.93 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HCR Manor Care PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y
 03 / 31 / 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

42834.79

42834.79

(ii) Unitemized

18398.03

18398.03

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

61232.82

61232.82

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

61232.82

61232.82

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.73

0.73

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

61233.55

61233.55

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

61233.55

61233.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 17.50 | 17.50 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 17.50 | 17.50 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 47500.00 | 47500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 3550.00 | 3550.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 51067.50 | 51067.50 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 51067.50 | 51067.50 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 61232.82 | 61232.82 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 61232.82 | 61232.82 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 17.50 | 17.50 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 17.50 | 17.50 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Charlean Adams

Mailing Address 219 Evergreen Ln

City

Twin Lakes

State

WI

Zip Code

53181

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34882

Amount of Each Receipt this Period

350.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Martin D Allen

Mailing Address 7151 Whispering Oak

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

AVP / Dir Internal Aud & Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34884

Amount of Each Receipt this Period

1153.86

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Ms Tammy Barker

Mailing Address 4521 Sutton Rd

City

Britton

State

MI

Zip Code

49229

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

AVP - Quality Support Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.06

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.35160

Amount of Each Receipt this Period

321.06

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1824.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Charles Batcher

Mailing Address 910 Orchard Drive

City State Zip Code
 Rossford OH 43460

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director - Dementia Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.35156

Amount of Each Receipt this Period

252.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Ms Julie Beckert

Mailing Address 3911 Buell

City State Zip Code
 Toledo OH 43613

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.35155

Amount of Each Receipt this Period

360.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. James R Bolton

Mailing Address 2209 Bayward Blvd

City State Zip Code
 Wilmington DE 19802

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.35148

Amount of Each Receipt this Period

280.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

892.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. David Burke

Mailing Address 425 Kingwood Rd

City

Linthicum Heights

State

MD

Zip Code

21090

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.48

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.35140

Amount of Each Receipt this Period

288.48

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Candace Burks-McCoy

Mailing Address 601 N. Shore Dr

City

Cisco

State

TX

Zip Code

76437

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Senior Manager Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.35139

Amount of Each Receipt this Period

210.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

c. Charlie Byrne

Mailing Address 4685 Rio Poco Ct

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.90

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.35136

Amount of Each Receipt this Period

276.90

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Johanna Crowder

Mailing Address 31524 Delaware

City

Livonia

State

MI

Zip Code

48150

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR. Manor Care, Inc

Occupation

Manager of Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.90

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.35126

Amount of Each Receipt this Period

276.90

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Karen Davidson

Mailing Address 612 West Magnolia

City

Pana

State

IL

Zip Code

62557

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

DCS - Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.35121

Amount of Each Receipt this Period

348.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Gurprit Dhaliwal

Mailing Address 31744 Calle Girasol

City

Temecula

State

CA

Zip Code

92591

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.35119

Amount of Each Receipt this Period

49.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

673.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. David K Donin

Mailing Address 11608 Everglade Court

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.35118

Amount of Each Receipt this Period

245.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Ms Nancy Edwards

Mailing Address 9261 Lerwick Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

General Manager, Central Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.35115

Amount of Each Receipt this Period

1153.86

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. R Michael Ferguson

Mailing Address 2450 Underhill Rd

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

VP & Dir of Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.35107

Amount of Each Receipt this Period

230.76

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1629.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Laura L Flannigan

Mailing Address 1700 Argonne Dr.

City State Zip Code
 Concord CA 94518

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HCR Manor Care, Inc.

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.28

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.35104

Amount of Each Receipt this Period

238.28

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Gary T. Geise

Mailing Address 28561 Woodland Ave

City State Zip Code
 Perrysburg OH 43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HCR Manor Care, Inc.

Occupation
 Director of Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.62

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.35092

Amount of Each Receipt this Period

289.62

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. John Graham

Mailing Address 3000 Riva Ridge Rd

City State Zip Code
 Toledo OH 43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HCR Manor Care, Inc.

Occupation
 VP/GM - Heartland Hospice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 09 / 2012

Transaction ID : SA11AI.34825

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5527.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Ruth G Graziano

Mailing Address 503 Elk Mills Road

City State Zip Code
 Oxford PA 19363

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.35086

Amount of Each Receipt this Period

600.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Lynda Gulch

Mailing Address 8740 Paulina

City State Zip Code
 Grosse Ile MI 48138

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Non-Corporate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.50

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 15 / 2012

Transaction ID : SA11AI.35166

Amount of Each Receipt this Period

1450.50

Credit Card Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Alan Hash

Mailing Address 9496 South Dunbar Circle

City State Zip Code
 South Jordan UT 84095

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Regional Director - Western Division 5

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.42

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.35077

Amount of Each Receipt this Period

235.42

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2285.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Kevin C Henricks

Mailing Address 23636 W. Chicago St. Unit 102

City State Zip Code
 Plainfield IL 60544

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.35073

Amount of Each Receipt this Period

300.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Elizabeth B. Hill

Mailing Address 1285 Sunhill Drive

City State Zip Code
 Lawrenceville GA 30043

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.95

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.35070

Amount of Each Receipt this Period

201.95

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Rebecca Hollingsead

Mailing Address 558 N Hillcrest

City State Zip Code
 Decatur IL 62522

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Director Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.66

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.35066

Amount of Each Receipt this Period

243.66

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

745.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City
Wellington

State Zip Code
FL 33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Asst General Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.35062

Amount of Each Receipt this Period

540.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Rebecca S Jablon

Mailing Address 3349 Fairbanks Ave

City
TOLEDO

State Zip Code
OH 43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.35055

Amount of Each Receipt this Period

252.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Ms Diane Johnson

Mailing Address 206 Ruth Road

City
Fleetwood

State Zip Code
PA 19522

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation
Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.35050

Amount of Each Receipt this Period

300.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1092.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Robert G Julius

Mailing Address 3321 Pelham Rd

City State Zip Code
 Ottawa Hills OH 43606

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Mgr. Business Office Process Dev.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.35046

Amount of Each Receipt this Period

204.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Linda Karling-Lott

Mailing Address 4361 Conrwallis Ct

City State Zip Code
 Marietta GA 30068

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.25

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.35043

Amount of Each Receipt this Period

229.25

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Barry Lazarus

Mailing Address 2629 Liverpool Court

City State Zip Code
 Toledo OH 43617

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

VP - Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.35019

Amount of Each Receipt this Period

480.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

913.25

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Mr. Elliot Lekawa

Mailing Address 13690 Highland Springs Ct

City State Zip Code
 Wichita KS 67235

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HCR Manor Care, LLC.

Occupation
 RDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.86

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.35018

Amount of Each Receipt this Period

253.86

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Carrie Lund

Mailing Address 14802 Dunston Place

City State Zip Code
 Tampa FL 33618

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HCR Manor Care, Inc.

Occupation
 Sr. Administrator - Palm Harbor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.35008

Amount of Each Receipt this Period

230.76

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Murry Mercier

Mailing Address 7110 Oak Bluff Lane

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HCR Manor Care, Inc.

Occupation
 VP - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.93

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.34991

Amount of Each Receipt this Period

576.93

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1061.55

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Stacy H Mesaros

Mailing Address 1304 234th Pl

City

Des Moines

State

WA

Zip Code

98198

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.44

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.34990

Amount of Each Receipt this Period

209.44

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Scott Miller

Mailing Address 198 Old Mill Drive

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.10

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.34989

Amount of Each Receipt this Period

308.10

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Doug Mock

Mailing Address 1083 Abbieshire Ave

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

RDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2012

Transaction ID : SA11AI.34828

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1517.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Ms Joylin Nation

Mailing Address 15985 Voyageurs Place

City State Zip Code
 West Palm Beach FL 33414

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.34979

Amount of Each Receipt this Period

230.76

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Linda Neumann

Mailing Address 28 Roslyn Road

City State Zip Code
 Grosse Pointe Shor MI 48236

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.34978

Amount of Each Receipt this Period

461.52

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Nancy Nicholson

Mailing Address 3644 Chesterton Drive

City State Zip Code
 Toledo OH 43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Business Office Processes

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 07 / 2012

Transaction ID : SA11AI.35165

Amount of Each Receipt this Period

750.00

Credit Card Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1442.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Matthew O'Connor

Mailing Address 4313 Pearson Parkway

City

Oregon

State

OH

Zip Code

43616

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director Customer Satisfaction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.20

Date of Receipt

03 / 07 / 2012

Transaction ID : SA11AI.34878

Amount of Each Receipt this Period

580.20

Credit Card Contribution

Full Name (Last, First, Middle Initial)

B. Eric O'Neill

Mailing Address 4009 East Braeburn Dr

City

Appleton

State

WI

Zip Code

54913

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34972

Amount of Each Receipt this Period

265.38

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Ms Leslie Ohm

Mailing Address 12331 South 71st Avenue

City

Palos Heights

State

IL

Zip Code

60463

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34973

Amount of Each Receipt this Period

360.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1205.58

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Ms. Annette Orłowski

Mailing Address 2664 Heytman Dr

City

Lansing

State

IA

Zip Code

52151

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Director, Clinical Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

404.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.34969

Amount of Each Receipt this Period

404.28

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Paul A. Ormond

Mailing Address 2420 Underhill Road

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Chairman President/CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2012

Transaction ID : SA11AI.34855

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. James Pagoaga

Mailing Address 21 Winding Creek Drive

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Vice President, Rehabilitation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2012

Transaction ID : SA11AI.34822

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

10404.28

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Parker

Mailing Address 2154 Tremont Road

City State Zip Code
Columbus OH 43212

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

VP Assistant General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.76

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.34968

Amount of Each Receipt this Period

530.76

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Richard A Parr II

Mailing Address 2253 Gray Fox Court

City State Zip Code
Ann Arbor MI 48103

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

VP - General Counsel & Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.34967

Amount of Each Receipt this Period

1152.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Clifton J Porter II

Mailing Address 3929 Azalea Circle

City State Zip Code
Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

AVP^ Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.40

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.34963

Amount of Each Receipt this Period

392.40

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2075.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Praveen Raina

Mailing Address 5215 Morningview Dr.

City State Zip Code
Hoffman Estates IL 60192

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Business Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 20 / 2012

Transaction ID : SA11AI.34835

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Michael J Reed

Mailing Address 3899 Midshore Drive

City State Zip Code
Naples FL 34109

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

VP Assisted Living Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34960

Amount of Each Receipt this Period

1153.86

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Margaret A Reitmeyer

Mailing Address 13 Gregory Drive

City State Zip Code
Kenvil NJ 07847

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34958

Amount of Each Receipt this Period

222.00

Bi-Weekly Payroll Deduction

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1625.86

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. John Remenar

Mailing Address 724 Beach St

City

Brooklyn

State

MI

Zip Code

49230

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

VP/Director - Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34957

Amount of Each Receipt this Period

1153.86

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Patricia B Richards

Mailing Address P.O. Box 754

City

Shady Spring

State

WV

Zip Code

25918

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Area Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.60

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34955

Amount of Each Receipt this Period

207.60

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Susan Ringenberg

Mailing Address 6073 Wedgewood Village Circle

City

Lake Worth

State

FL

Zip Code

33463

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director Nutrition Consulting Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 09 / 2012

Transaction ID : SA11AI.34827

Amount of Each Receipt this Period

700.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2061.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. David R Roth

Mailing Address 5257 Bentwood Drive

City State Zip Code
Mason OH 45040

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Director Of Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.34951

Amount of Each Receipt this Period

300.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Rick Rump

Mailing Address 2423 Heather Glen

City State Zip Code
Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation
Director of Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.82

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.34949

Amount of Each Receipt this Period

277.82

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Angela G Russo

Mailing Address 4950 Cypress Pike Circle
Unit 101

City State Zip Code
Virginia Beach VA 23455

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
Gen Mgr Central Div 4H

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.34947

Amount of Each Receipt this Period

384.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

961.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Deborah Schlosser

Mailing Address 2432 21st Street

City

Wyandotte

State

MI

Zip Code

48192

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34942

Amount of Each Receipt this Period

276.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Ms Elizabeth Schupp

Mailing Address 1022 Oakview Drive

City

Highland Heights

State

OH

Zip Code

44143

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

03 / 09 / 2012

Transaction ID : SA11AI.34824

Amount of Each Receipt this Period

850.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ms Joyce Louise Smith

Mailing Address 3521 Cedar Creek Court

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Vice President, Director Clinical Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34929

Amount of Each Receipt this Period

425.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1551.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Melissa Sorensen

Mailing Address 816 Lake Shore Terrace

City

Interlachen

State

FL

Zip Code

32148

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Director Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34925

Amount of Each Receipt this Period

240.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Patricia J. Stahr

Mailing Address 807 Johnston Drive

City

Bethlehem

State

PA

Zip Code

18017

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

DON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 27 / 2012

Transaction ID : SA11AI.34856

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Patricia J. Stahr

Mailing Address 807 Johnston Drive

City

Bethlehem

State

PA

Zip Code

18017

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

DON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34922

Amount of Each Receipt this Period

60.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Jane L Stilwell

Mailing Address 2351 S. Rogers

City

Springfield

State

MO

Zip Code

65804

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Mobile Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34920

Amount of Each Receipt this Period

300.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Colette Storck

Mailing Address 28490 Wynyako Ave

City

Millsboro

State

DE

Zip Code

19966

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34916

Amount of Each Receipt this Period

210.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Cyndi K Taplin

Mailing Address 5023 W. 59th St

City

Davenport

State

IA

Zip Code

52806

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

03 / 31 / 2012

Transaction ID : SA11AI.34909

Amount of Each Receipt this Period

360.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

870.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Rami Ubaydi

Mailing Address 6519 Chatham Circle

City

Rochester Hills

State

MI

Zip Code

48306

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.34902

Amount of Each Receipt this Period

426.90

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Joseph Wilson

Mailing Address 7720 Sagamore Hills Blvd

City

Sagamore Hills

State

OH

Zip Code

44067

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator - Mayfield Heights

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2012

Transaction ID : SA11AI.34826

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Benjuiman Young

Mailing Address 7822 NE 24th Ct.

City

Vancouver

State

WA

Zip Code

98665

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.34893

Amount of Each Receipt this Period

217.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

893.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Senior Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

253.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.34890

Amount of Each Receipt this Period

253.86

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

253.86

TOTAL This Period (last page this line number only)..... ►

42834.79

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. ALLIANCE FOR QUALITY NURSING HOME CARE INC. POLITICAL ACTION COMMITTEE (AQNH PAC)Mailing Address 1350 CONNECTICUT AVENUE NW
SUITE 900

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
Committee Donation Requested 2-14-12

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 16 | | 2012 |

Transaction ID : SB23.34817

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement
Contribution for event held Monday, February 13, 2012

Candidate Name

ALLYSON Y. SCHWARTZOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 03 | | 2012 |

Transaction ID : SB23.34815

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. BEN CARDIN FOR SENATE

Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement
Contribution for event held Tuesday, March 27th 2012

Candidate Name

BENJAMIN L CARDINOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012 ☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 26 | | 2012 |

Transaction ID : SB23.34848

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|----------|
| 10500.00 |
|----------|

| |
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| |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. BILL NELSON FOR U S SENATE

Mailing Address 972 W WHITMIRE DRIVE

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| MELBOURNE | FL | 32935 |

Purpose of Disbursement
Contribution for event held Wednesday, April 18th 2012

Candidate Name

BILL NELSON

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary
☒ General
☐ Other (specify) ▼

State: FL District: 00

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 26 | / | 2012 |

Transaction ID : SB23.34852

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. BOB CASEY FOR SENATE INCMailing Address 700 13TH STREET NW
SUITE 600

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WASHINGTON | DC | 20005 |

Purpose of Disbursement
Contribution for event held Friday, February 10th 2012

Candidate Name

ROBERT P JR CASEY

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary
☐ General
☐ Other (specify) ▼

State: PA District: 00

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 03 | / | 2012 |

Transaction ID : SB23.34816

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. BRALEY FOR CONGRESS

Mailing Address PO BOX 390

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| WATERLOO | IA | 50704 |

Purpose of Disbursement
Contribution Requested 1-19-12

Candidate Name

BRUCE L BRALEY

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary
☐ General
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | / | 19 | / | 2012 |

Transaction ID : SB23.34807

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 8500.00 |
|---------|

| |
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| |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. BUILDING RELATIONSHIPS IN DIVERSE GEOGRAPHIC ENVIRONMENTS PAC (BRIDGE PAC)

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 422

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 16 | | 2012 |

Transaction ID : SB23.34832

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. CONGRESSIONAL BLACK CAUCUS PAC

Mailing Address 227 Massachusetts Ave., NW

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 14 | | 2012 |

Transaction ID : SB23.34829

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. DENNY HECK FOR CONGRESS

Mailing Address PO BOX 235

City
OLYMPIAState
WAZip Code
98507Purpose of Disbursement
Contribution requested 1-16-12

Candidate Name

DENNIS HECK

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA

District: 10

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | | 16 | | 2012 |

Transaction ID : SB23.34804

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|----------|
| 10500.00 |
|----------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 37

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CONNIE MACK INC

Mailing Address P.O. BOX 519

City
NAPLESState
FLZip Code
34106Purpose of Disbursement
Contribution Requested 3-28-12**011**Category/
Type

Candidate Name

CONNIE MACK

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼
State: **FL** District: **00**

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 28 | / | 2012 |

Transaction ID : SB23.34865

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. FRIENDS OF RICH NUGENT

Mailing Address PO BOX 15668

City
BROOKSVILLEState
FLZip Code
34604Purpose of Disbursement
Contribution requested on 1-23-11**011**Category/
Type

Candidate Name

RICHARD B NUGENT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼
State: **FL** District: **05**

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | / | 23 | / | 2012 |

Transaction ID : SB23.34810

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187

City
WASHINGTONState
DCZip Code
20013Purpose of Disbursement
Contribution requested 3/4/2012**011**Category/
Type

Candidate Name

SHERROD BROWN

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼
State: **OH** District: **00**

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 05 | / | 2012 |

Transaction ID : SB23.34821

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 6000.00 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 37

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. GARAGIOLA FOR CONGRESS

Mailing Address PO BOX 833

| | | |
|-------------------|-------------|-------------------|
| City FREDERICK | State MD | Zip Code 21705 |
|-------------------|-------------|-------------------|

 Purpose of Disbursement
 Contribution for event held Thursday, January 5th, 2012

Candidate Name

ROBERT J GARAGIOLA
 Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | | 04 | | 2012 |

Transaction ID : SB23.34801

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. GARAGIOLA FOR CONGRESS

Mailing Address PO BOX 833

| | | |
|-------------------|-------------|-------------------|
| City FREDERICK | State MD | Zip Code 21705 |
|-------------------|-------------|-------------------|

 Purpose of Disbursement
 Contribution for HFAM Event Held 3/15/12

Candidate Name

ROBERT J GARAGIOLA
 Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 20 | | 2012 |

Transaction ID : SB23.34834

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

| | | |
|-----------------------|-------------|-------------------|
| City BOWLING GREEN | State KY | Zip Code 42102 |
|-----------------------|-------------|-------------------|

 Purpose of Disbursement
 Contribution requested 2/24/12

Candidate Name

S. BRETT HON. GUTHRIE
 Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 24 | | 2012 |

Transaction ID : SB23.34820

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►

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|---------|
| 4500.00 |
|---------|

TOTAL This Period (last page this line number only)..... ►

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 37

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WASHINGTON | DC | 20003 |

Purpose of Disbursement
Contribution for event held Wednesday, February 1st 2012

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | / | 30 | / | 2012 |

Transaction ID : SB23.34814

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WASHINGTON | DC | 20002 |

Purpose of Disbursement
Donation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 08 | / | 2012 |

Transaction ID : SB23.34823

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. SEARCHLIGHT LEADERSHIP FUNDMailing Address 700 13TH STREET NW
SUITE 600

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WASHINGTON | DC | 20005 |

Purpose of Disbursement
Contribution for event held Friday, February 3rd 2012

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | / | 30 | / | 2012 |

Transaction ID : SB23.34813

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|----------|
| 10000.00 |
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|--|-----|--|-----|---|-----|--|-----|--|----|--|-----|
| | 21b | | 22 | X | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

HCR Manor Care PAC

A. SNOWE FOR SENATE

Transaction ID : SB23.34831

010

-2500.00

OLYMPIA J SNOWE

Category/
Type

| | | |
|----------------|-------------------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input checked="" type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |
| State: ME | District: 00 | |

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |
| State: | District: | |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |
| State: | District: | |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

-2500.00

47500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 37

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Friends of Joe Scarnati

Mailing Address PO Box 33

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Youngsville | PA | 16371 |

Purpose of Disbursement
Contribution

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 20 | | 2012 |

Transaction ID : SB29.34845

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Friends of Todd Stephens

Mailing Address PO Box 95

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Horsham | PA | 19044 |

Purpose of Disbursement
Contribution

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For: 2012

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 27 | | 2012 |

Transaction ID : SB29.34854

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Hobbs for Congress

Mailing Address 3309 114th Dr. NE

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Lake Stevens | WA | 98258 |

Purpose of Disbursement
Contribution

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 26 | | 2012 |

Transaction ID : SB29.34847

Amount of Each Disbursement this Period

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|--------|
| 500.00 |
|--------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 3500.00 |
|---------|

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|---------|
| 3500.00 |
|---------|